

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	10030017-1 (8770/74)
Application Number	10/667,019
Filing Date	SEPTEMBER 18, 2003
First Named Inventor	MICHAEL W. VICE
Group Art Unit	2817
Examiner	NGUYEN, K. V.

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Response to Office Action Dated September 25, 2006	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> One Replacement Drawing Sheet	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Petition for Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Combined Declaration and Power of Attorney	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-3718</u> . A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-3718</u> . A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total		Minus		0	Rate	Add'l Fee
Indep.		Minus		0	x \$25=	0
First Presentation of Multiple Dep. Claim					x \$100=	0
					+\$180=	---
					total add'l fee	\$ 0
					total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/		Date <u>November 27, 2006</u>

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:		
<u>November 27, 2006</u>		
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: <u>November 27, 2006</u>